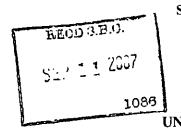
FORM D



UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| 13208 | 85 | | | |
|----------|--|---------|--|--|
| | | PROVAL | | |
| MMISSION | OMB Number: Expires: Estimated average b hours per response | | | |
| RITIES | SEC US | E ONLY | | |
| ON D, | Prefix | Serial | | |
| XEMPTION | DATE RE | ECEIVED | | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
|---|---|
| Sale of Teneros, Inc. Series D Preferred Stock and Common Stock issuable upon conversion | hereof |
| Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 | Section 4(6) ULOE |
| Type of Filing: ☐ New Filing ☐ Amendment | PROCESSE |
| A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer. | SEP 1 / 2007 |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | (FUOLISON |
| Teneros, Inc. | THOMSON |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area ESMANCIAL |
| 321 East Evelyn Avenue, Mountain View, CA 94041 | (650) 641-7400 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business | |
| Provider of business continuity solutions for Microsoft applications | I IORRA ARIII JORRA CANII JORDA LAGIR JURIO ARION LOLU ATRA |
| Type of Business Organization | |
| □ corporation □ limited partnership, already formed □ other | (please s |
| business trust limited partnership, to be formed | 07077268 |
| Actual or Estimated Date of Incorporation or Organization: Month Year | Actual Estimated State: D E |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | □ Director | General and/or Managing Partner |
|----------------------------------|--------------------|-----------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| Full Name (Last name first, if i | individual) | • | | | |
| Lewis, Stephen J. | | | | | |
| Business or Residence Address | s (Number and Stre | et, City, State, Zip Code) | | • | |
| c/o Teneros, Inc. @ 321 East | Evelyn Avenue, N | Mountain View, CA 9404 | <u> </u> | | |
| Check Box(es) that Apply: [| Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if i | individual) | | | | |
| Ocko, Matthew | | | | | |
| Business or Residence Address | • | | | | |
| c/o Teneros, Inc. @ 321 East | Evelyn Avenue, N | Mountain View, CA 9404 | <u> </u> | | |
| Check Box(es) that Apply: [| Promoter | Beneficial Owner | ☐ Executive Officer | Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if i | individual) | | | | |
| Das, Saumitra K. | | | | | |
| Business or Residence Address | s (Number and Stre | et, City, State, Zip Code) | | | |
| 3572 Geneva Drive, Santa Cl | ara CA 95051 | | | | |
| Check Box(es) that Apply: [| Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if i | individual) | | · . | · | |
| New Enterprise Associates ar | nd its affiliates | | | | |
| Business or Residence Address | s (Number and Stre | et, City, State, Zip Code) | | | |
| 2490 Sand Hill Road Menlo I | Park, CA 94025 | | | | |
| Check Box(es) that Apply: [| Promoter | Beneficial Owner | ☐ Executive Officer | Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if i | individual) | | | | |
| The Sevin Rosen Funds and i | its affiliates | | | | |
| Business or Residence Address | s (Number and Stre | eet, City, State, Zip Code) | | | |
| Two Galleria Tower 13455 N | loel Road Suite 16 | 70 Dallas TX 75240 | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if i | individual) | | | | |
| Star Ventures and its affiliate | es | | · · · · · · · · · · · · · · · · · · · | | |
| Business or Residence Address | = | | | | |
| Possartstrasse 9 D-81679 Mü | inchen; GERMAN | Y | | | |
| Check Box(es) that Apply: [| Promoter | Beneficial Owner | Executive Officer | ☑ Director | General and/or Managing Partner |
| Full Name (Last name first, if i | individual) | | | | • |
| Sharma, Rosen | | | | · · · · · · · · · · · · · · · · · · · | |
| Business or Residence Address | s (Number and Stre | et, City, State, Zip Code) | | - | -·· · |
| c/o Teneros, Inc. @ 215 Casti | ro Street 3rd Floo | r, Mountain View CA 94 | 041 | | |

| | A. BASIC IDENTIFICATION DATA | | | | | | | | |
|----|---|--|--|--|--|--|--|--|--|
| 2. | Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and • Each general and managing partner of partnership issuers. | | | | | | | | |

| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | □ Director | General and/or Managing Partner |
|--|----------------------|--|---------------------------|--|--|
| Fuli Name (Last name first, Sandell, Scott | if individual) | | | | |
| Business or Residence Adda | ess (Number and St | reet, City, State, Zip Code) | | | |
| c/o New Enterprise Associ | ates @ 2490 Sand l | Hill Road Menlo Park, CA | 94025 | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | □ Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Sturiale, Nicholas | | | | | |
| Business or Residence Adda | ess (Number and St | reet, City, State, Zip Code) | | | |
| c/o The Sevin Rosen Fund | s @ Two Galleria T | Fower 13455 Noel Road St | iite 1670 Dallas TX 75240 |) | ····· |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | □ Director □ | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Perrone, Peter | | | | | |
| Business or Residence Adda | • | • | | | |
| c/o Goldman Sachs & Co. | @ 555 California S | Street, 45 th Floor, San Frai | ncisco, CA 94104 | | · |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | Director | ☐ General and/or |
| <u></u> | | | | | Managing Partner |
| Full Name (Last name first, | if individual) | | | | • |
| Barel, Meir | ···· | | | | |
| Business or Residence Adda | , | | | | |
| c/o Star Ventures @ Possa | rtstrasse 9 D-8167 | | | | |
| Check Box(es) that Apply: | Promoter | ☑ Beneficial Owner | Executive Officer | Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Goldman Sachs, Co. and i | | | | | <u>. </u> |
| Business or Residence Add | * | | | | |
| 555 California Street, 45th | | | | | _ |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Cadogan, Linda | | | | | |
| Business or Residence Adda | - | | | | |
| c/o Teneros, Inc. @ 215 Ca | astro Street 3rd Flo | oor, Mountain View CA 94 | 1041 | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | Director . | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Add | ress (Number and St | treet, City, State, Zip Code) | | | |

| | | | | B. II | NFORMAT | TION ABO | UT OFFE | RING | | | | |
|--|---|--|--|--|---|--|--|---|--|------------------------|----------------------|----------------------|
| | | | | | | | | | | | Yes | N |
| 1. H | as the issuer sol | d, or does the | e issuer inte | | to non-accre ver also in A | | | - | | | | ٥ |
| 2. W | hat is the minin | ıum investm | ent that wil | | | * - | | _ | | ******* | \$ | N/A |
| ., | | | | p* | | | | | | | Yes | N |
| 3. D | oes the offering | permit joint | ownership | of a single | unit? | ••••••• | | | | | \boxtimes | |
| ec of w pe | nter the information or sommission or sommission or some state or state or state or state or state or such a | imilar remur son to be list ates, list the broker or de | neration for ted is an ass name of the aler, you m | r solicitation sociated pe broker or | on of purch rson or ager dealer. If | hasers in o nt of a brok more than | connection er or dealer five (5) per | with sales registered rsons to be | of securiti with the SI listed are a | es in the EC and/or | | |
| Full N | ame (Last name | first, if indiv | /idual) | | | | | | | | | |
| Busine | ess or Residence | Address (Nu | umber and S | Street, City | , State, Zip | Code) | | | | | | |
| Name | of Associated B | roker or Dea | ler | | | | | | | | | |
| | in Which Persor "All States" or | | | | Solicit Pur | | | | | | - | |
| [A] | | [AZ] | [AR] | [CA] | [CO] | (CT) | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [1L | .] (IN) | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [M | IT] [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [R | I) [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full N | ame (Last name | first, if indiv | /idual) | | | | | | | | | |
| Busine | ss or Residence | Address (Nu | umber and S | Street, City | , State, Zip | Code) | | | | | | |
| | | | | | | | | | | | | |
| Name | of Associated B | roker or Dea | ler | | | | | | | | · | |
| States | in Which Person | n Listed Has | Solicited or | | | | | | | | | |
| States | in Which Person c "All States" or | n Listed Has | Solicited or | | Solicit Pure All Stat [CO] | | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| States (Check | in Which Persor "All States" or L] [AK] | n Listed Has check indivi [AZ] | Solicited or iduals State [AR] | s) [CA] | All Stat | es [CT] | | | [FL] [MI] | | | |
| States (Check [A | in Which Person c "All States" or L] [AK] J [IN] | n Listed Has check indivi [AZ] | Solicited or iduals State [AR] | s) [CA] [KY] | All Stat [CO] [LA] | es [CT] [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| States (Check [A | in Which Person c "All States" or L] [AK] .] [IN] [T] [NE] | n Listed Has check indivi [AZ] | Solicited or iduals State [AR] | s) [CA] | All Stat [CO] | es [CT] | | | • | | | |
| States (Check [A [IL [M | in Which Person c "All States" or L] [AK] .] [IN] [T] [NE] | n Listed Has check indivi [AZ] [IA] [NV] [SD] | Solicited or iduals State [AR] [KS] [NH] | s) [CA] [KY] [NJ] | All Stat [CO] [LA] [NM] | es [CT] [ME] [NY] | [MD] [NC] | [MA] [ND] | [MI] [OH] | [MN] [OK] | [MS] [OR] | [MO] [PA] |
| States (Check [A [IL [M [R. | in Which Person c "All States" or L] [AK] L] [IN] [T] [NE] I] [SC] | n Listed Has check indivi [AZ] [IA] [NV] [SD] | Solicited or iduals State [AR] [KS] [NH] [TN] | s) [CA] [KY] [NJ] [TX] | All Stat [CO] [LA] [NM] [UT] | es [CT] [ME] [NY] [VT] | [MD] [NC] | [MA] [ND] | [MI] [OH] | [MN] [OK] | [MS] [OR] | [MO] [PA] |
| States (Check [A [IL [M [R] | in Which Person c "All States" or L] [AK] L] [IN] IT] [NE] I] [SC] ame (Last name | n Listed Has check indivi [AZ] [IA] [NV] [SD] first, if indiv | Solicited or iduals State [AR] [KS] [NH] [TN] vidual) | s) [CA] [KY] [NJ] [TX] | All Stat [CO] [LA] [NM] [UT] | es [CT] [ME] [NY] [VT] | [MD] [NC] | [MA] [ND] | [MI] [OH] | [MN] [OK] | [MS] [OR] | [MO] [PA] |
| States (Check [A [IL [M [R Full N: Busine | in Which Person ("All States" or L] [AK] .] [IN] [T] [NE] I] [SC] ame (Last name) ess or Residence of Associated B | n Listed Has check indivi [AZ] [IA] [NV] [SD] first, if indivi Address (Nuroker or Dea | Solicited or iduals State [AR] [KS] [NH] [TN] vidual) | s) [CA] [KY] [NJ] [TX] | All Stat [CO] [LA] [NM] [UT] | es [CT] [ME] [NY] [VT] | [MD] [NC] | [MA] [ND] | [MI] [OH] | [MN] [OK] | [MS] [OR] | [MO] [PA] |
| States (Check [A [IIL [M [R] Full N: Busine Name | in Which Person ("All States" or L] [AK] .] [IN] IT] [NE] I] [SC] ame (Last name ess or Residence | n Listed Has check indivi [AZ] [IA] [NV] [SD] first, if indivi Address (Nuroker or Dea | Solicited or iduals State [AR] [KS] [NH] [TN] vidual) umber and Suler Solicited or | s) [CA] [KY] [NJ] [TX] Street, City | All Stat [CO] [LA] [NM] [UT] State, Zip | es [CT] [ME] [NY] [VT] Code) | [MD] [NC] | [MA] [ND] | [MI] [OH] | [MN] [OK] | [MS] [OR] | [MO] [PA] |
| States (Check [A [IIL [M [R] Full N: Busine Name | in Which Person ("All States" or L] [AK] .] [IN] [T] [NE] I] [SC] ame (Last name) ess or Residence of Associated B in Which Person ("All States" or | n Listed Has check indivi [AZ] [IA] [NV] [SD] first, if indivi Address (Nuroker or Dea | Solicited or iduals State [AR] [KS] [NH] [TN] vidual) umber and Suler Solicited or | s) [CA] [KY] [NJ] [TX] Street, City | All Stat [CO] [LA] [NM] [UT] State, Zip | es [CT] [ME] [NY] [VT] Code) | [MD] [NC] | [MA] [ND] | [MI] [OH] | [MN] [OK] | [MS] [OR] | [MO] [PA] |
| States (Check [A [IIL [M [R Full N: Busine Name States (Check | in Which Person ("All States" or L] [AK] J] [IN] [T] [NE] I] [SC] ame (Last name ess or Residence of Associated B in Which Person ("All States" or L] [AK] | n Listed Has check indivi [AZ] [IA] [NV] [SD] first, if indivi Address (Nuroker or Dea | Solicited or iduals State [AR] [KS] [NH] [TN] vidual) umber and Solicited or iduals State | s) [CA] [KY] [NJ] [TX] Street, City | All Stat [CO] [LA] [NM] [UT] State, Zip | es [CT] [ME] [NY] [VT] Code) | [MD] [NC] [VA] | [MA] [ND] [WA] | [MI] [OH] [WV] | [MN] [OK] [WI] | [MS] [OR] [WY] | [MO] [PA] [PR] |
| States (Check [A [IL [M [R] Full N: Busine Name States (Check [A | in Which Person c "All States" or L] [AK] L] [IN] [T] [NE] I] [SC] ame (Last name ess or Residence of Associated B in Which Person c "All States" or L] [AK] L] [IN] | In Listed Has check individual [AZ] [IA] [IV] [SD] first, if individual check individual c | Solicited or iduals State [AR] [KS] [NH] [TN] vidual) umber and Suler Solicited or iduals State [AR] | s) [CA] [KY] [NJ] [TX] Street, City r Intends to s) [CA] | All Stat [CO] [LA] [NM] [UT] State, Zip Solicit Pur All Stat [CO] | es [CT] [ME] [NY] [VT] Code) chasers es [CT] | [MD] [NC] [VA] | [MA] [ND] [WA] | [MI] (OH) [WV] | [MN] [OK] [WI] | [MS] [OR] [WY] | [MO] [PA] [PR] |

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF | PROCEEDS | | |
|----|--|---------------------|----------------|---|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | |
| | m 40 v | Aggregate | A | mount Alread |
| | Type of Security | Offering Price | | Sold |
| | Debt | \$ | . \$ | |
| | Equity | \$ 15,065,039.51 | . \$ | 15,065,039.51 |
| | ☐ Common ☒ Preferred | | | |
| | Convertible Securities (including warrants) | \$ | . \$ | |
| | Partnership Interests | \$ | . \$ | |
| | Other (Specify) | \$ | . \$ | |
| | Total | \$ _15,065,039.51 | \$ | 15,065,039.51 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | |
| | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | 1 | Aggregate Dollar Amount of Purchase |
| | Accredited Investors | 11 | \$ | 15,065,039.51 |
| | Non-accredited Investors | 0 | | 0.00 |
| | Total (for filings under Rule 504 only) | 0 | \$ | N/A |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | • | - |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sole by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | f | | Delles A |
| | Type of Offering | Type of Security | 1 | Dollar Amount Sold |
| | Rule 505 | | \$ | |
| | Regulation A | | · - | • |
| | Rule 504 | | \$ | |
| | Total | | \$ | 0.00 |
| ۱. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish at estimate and check the box to the left of the estimate. | y | | |
| | Transfer Agent's Fees | | \$ | |
| | Printing and Engraving Costs | | \$ | |
| | Legal Fees | \boxtimes | \$ | 20,000.00 |
| | Accounting Fees | | \$ | |
| | Engineering Fees | | \$ | |
| | Sales Commissions (specify finders' fees separately) | | \$ | |
| | Other Expenses (identify) | | \$ | |

20,000.00

 \boxtimes

| | C. OTTERING TRICE, NORMER OF INVESTORS, EXTENSES AND USE OF | TROCEEDS | | | |
|----|---|--|------|--------------------|-------|
| | b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 at total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted groproceeds to the issuer." | ess | \$ | 15,045,03 | 9.51 |
| 5. | Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for ear of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the be to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. | ox | | | |
| | | Payments Officers, Directors, Affiliates | & | Payments (| to |
| | Salaries and fees | □ \$ <u> </u> | 0.00 |] \$ | 0.00 |
| | Purchase of real estate | 5 \$ | 0.00 |] \$ | 0.00 |
| | Purchase, rental or leasing and installation of machinery and equipment | \$ | 0.00 |] \$ | 0.00 |
| | Construction or leasing of plant buildings and facilities | \$ | 0.00 |] \$ | 0.00 |
| | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | \$ | 0.00 |] \$ | 0.00 |
| | Repayment of indebtedness | \$ | 0.00 |] \$ | 0.00 |
| | Working capital | ⊠ \$ | 0.00 | \$ <u>15,065,0</u> | 39.51 |
| | Other (specify): | \$ | 0.00 |] \$ | 0.00 |
| Co | olumn Totals | □ \$ | 0.00 | \$15,065,0 | 39.51 |

Total Payments Listed (column totals added)

☑ \$ 15,065,039.51

| The state of the s |
|--|
|--|

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)

Teneros, Inc.

Name of Signer (Print or Type)

Linda Cadogan

Date

August 31, 2007

Vice President, Finance

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)

| | | THE STATE OF | AL ONE | | | | | | |
|-----|---|--|--------------------|----------------------|--|--|--|--|--|
| 1. | Is any party described in 17 CFR 230.262 pr | sently subject to any of the disqualification provisions of such re | | Yes No | | | | | |
| | | See Appendix, Column 5, for state response. | • | | | | | | |
| 2. | The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required | furnish to any state administrator of any state in which this notic y state law. | e is filed a notic | e on Form D | | | | | |
| 3. | The undersigned issuer hereby undertakes offerees. | o furnish to the state administrators, upon written request, info | rmation furnish | ned by the issuer to | | | | | |
| 4. | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. | | | | | | | | |
| | e issuer has read this notification and knows t y authorized person. | te contents to be true and has duly caused this notice to be signed | ed on its behalf | by the undersigned | | | | | |
| Iss | uer (Print or Type) | Signature | Date | | | | | | |
| Te | neros, Inc. | Juda Macloga | August 💆 | <u>81, 2007</u> | | | | | |
| Na | me (Print or Type) | Title (Print or Type) | | | | | | | |

Vice President, Finance

Instruction:

Linda Cadogan

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| 1 _ | 2 | | 3 | 4 | | | | | 5 | | |
|----------|--|--|--|---|----------------|--|--------|---|-------------|--|--|
| | non-acc | to sell to credited s in State -Item 1) | (Part C-Item 1) | d aggregate fering price Type of investor and ered in state amount purchased in State | | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | |
| State | Yes | No | Sale of Series D Preferred Stock and common stock issuable upon conversion thereof | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | | |
| AL | | | | | | | | | | | |
| AK | | | | | | | | | <u> </u> | | |
| AZ | | | | | | | | | | | |
| AR CA | | X | \$573,711.15 | 1 | \$573,711.15 | 0 | \$0.00 | | x | | |
| СО | | | | | | | | | - | | |
| СТ | | | | | | | | 1 | | | |
| DE | | | | | | • | | | | | |
| DC | | | | | | | | | | | |
| FL | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| GA | | | | | | | | | | | |
| HI | | | | | | | | | | | |
| 1D | | | | | | | | | | | |
| IL | | х | \$8,032,553.77 | 4 | \$8,032,553.77 | 0 | \$0.00 | | х | | |
| IN | | | | , . | | | | | | | |
| IA | | | | | | | | | | | |
| KS | | | 1 | | | | | | | | |
| KY | | | | | | | ····· | | | | |
| LA | | | | | | | | | | | |
| ME | | | | | | | | | | | |
| MD | | х | \$1,686,408.48 | 1 | \$1,686,408.48 | 0 | \$0.00 | | х | | |
| MA | | | | | | | | | | | |
| MI | | | | ***** | | | | | | | |
| MN | | | | • | | | | | · · | | |
| . MS | | | | | | | | | | | |

APPENDIX

| 1 | 2 | | 3 4 | | | | | | 5 | |
|-------------|--|-------------|--|--|----------------|-----------------------------|--------|-----|---|--|
| | Intend to sell to non-accredited investors in State (Part B-Item 1) | | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) | | | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1) | |
| G | | ., | Sale of Series D Preferred Stock and common stock issuable | Number of Accredited | | Number of Non-Accredited | | | | |
| State MO | Yes | No | upon conversion thereof | Investors | Amount | Investors | Amount | Yes | No | |
| МТ | | | | | | | | | | |
| NE NE | | | | | | | | | | |
| NV | | | | | | | | | | |
| NH | | | | | | | | | | |
| NJ | | | | | | | | | | |
| NM | | | | | | | | | | |
| NY | | | | ···· | | | | | | |
| NC | | | | | | | | | | |
| ND | | | | | | | , | | | |
| ОН | | | | | | | | | | |
| OK | | | | | | | | | | |
| OR | | | | | , | | | | | |
| PA | | <u> </u> | | | | | | ! | | |
| RI | | | | | | | | | | |
| SC | | | | | | | , | | | |
| SD | | | | | <u> </u> | | | | | |
| TN | | | | | | | | | - | |
| TX | | х | \$3,686,409.02 | 3 | \$3,686,409.02 | 0 | \$0.00 | | х | |
| UT | | | | | | | | | | |
| VT | | | | , | | | | | · · · · · · | |
| VA | | | | | | | | | | |
| WA | | | | | | | | | | |
| wv | | | | | | | | - | | |
| WI | | | | | | | | | -1-4 | |

APPENDIX

| 1 | 2 | | 3 | 4 | | | | 5 | |
|---------|--------------------|----|-------------------------|---------------------------|--------------|----------------|------------------|-----------------|----|
| | | | | | | | Disqualification | | |
| | · | | Type of security | | | | under State ULOE | | |
| | Intend to sell to | | and aggregate | | | | | (if yes, attach | |
| | non-accredited | | offering price | Type of investor and | | | | explanation of | |
| | investors in State | | | amount purchased in State | | | | waiver granted | |
| | (Part B-Item 1) | | (Part C-Item 1) | (Part C-Item 2) | | | | (Part E-Item 1) | |
| | 1 | | Sale of Series D | | | | | | |
| | { | | Preferred Stock and | Number of | | Number of | | | |
| | - | | common stock issuable | Accredited | | Non-Accredited | | | |
| State | Yes | No | upon conversion thereof | Investors | Amount | Investors | Amount | Yes | No |
| WY | | | | | | | | | |
| PR | | | | | | | | | |
| Israel | 1 | Х | \$105,750.57 | 1 | \$105,750.57 | 0 | \$0.00 | | Х |
| Germany | | Х | \$980,206.52 | 1 | \$980,206.52 | 0 | \$0.00 | | х |